



**DEPARTMENT OF INSURANCE  
STATE OF ARIZONA**

*Financial Affairs Division - Compliance Section*  
2910 North 44<sup>th</sup> Street, Suite 210  
Phoenix, Arizona 85018-7269  
Phone: (602) 364-3998  
Fax: (602) 364-3989

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**QUARTERLY FINANCIAL STATEMENT FILING INSTRUCTIONS  
FOR COMPANIES THAT FILE A HEALTH ANNUAL STATEMENT**

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**Foreign Insurers filing a Health Annual Statement** that are authorized in Arizona and required by their state of domicile to file Quarterly Health Statements with the N.A.I.C. **are NOT REQUIRED TO FILE A QUARTERLY HEALTH STATEMENT WITH ARIZONA** unless specifically instructed in writing to file.

**Foreign Health Care Service Organizations** that are authorized in Arizona and required by their state of domicile to file Quarterly Health Statements with the N.A.I.C. **are NOT REQUIRED TO FILE A QUARTERLY HEALTH STATEMENT WITH ARIZONA** unless specifically instructed in writing to file however, they must file the "Arizona Business Only" pages listed below.

**All Arizona Domestic Insurers** filing a Health Annual Statement, Domestic Health Care Service Organizations, Hospital, Medical, Dental and Optometric Service Corporations and Domestic Prepaid Dental Plan Organizations **are required to file** Quarterly Health Statements with this Department and the N.A.I.C. unless a filing exemption has been granted in writing by this Department.

**All Arizona Domestic Health Care Service Organizations doing business in other states** must also file the "Arizona Business Only Pages" listed in below.

The **due date** for each filing is **no later than forty-five (45) days after the quarter-end date.**

Please direct any questions to Rose McNabb at [rmcnabb@id.state.az.us](mailto:rmcnabb@id.state.az.us).

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**ARIZONA HARD COPY FILING SPECIFICATIONS**

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**ONE 8-1/2" x 14" Statement is required and must be:**

- 1) Prepared on current "Quarterly Health Statement" forms in accordance with NAIC Quarterly Health Statement Instructions.
- 2) Completed in a legible manner.

**All Arizona Domestic Statements must have ORIGINAL, NOTARIZED SIGNATURES OF AT LEAST TWO (2) EXECUTIVE OFFICERS WHOSE NAMES AND TITLES ARE LISTED ON THE JURAT PAGE.**

**ALL Health Care Services Organizations that do business in other states must file "Arizona Business Only" pages** of the Quarterly Health Statement as listed below. Please **prepare and attach a cover sheet marked "ARIZONA ONLY"** on top of these pages:

Page 2 - lines 13, 14, 15 and 22

Page 4

Page 8

Page 3 - lines 1, 2, 3, 4, 5, 6, 7, 8, 17, 18 and 20

Page 7

Page 9

**DO NOT SEND THE FOLLOWING ITEMS TO THIS DEPARTMENT:**    **NAIC SVO Compliance Certification  
DISKETTES**

**MAIL TO:**

**Arizona Department of Insurance  
Financial Affairs Division  
2910 North 44th Street, Suite 210  
Phoenix, AZ 85018-7269**

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**NAIC FILING SPECIFICATIONS**

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- A) HARD COPY:** One 8-1/2" x 14" Quarterly Statement prepared on current Quarterly Health Statement forms in accordance with NAIC Quarterly Health Statement Instructions.
- B) ELECTRONIC FILING:** One 3 1/2" diskette labeled with company name, NAIC Number and financial statement period **OR Internet filing is required.**

**MAIL TO:**

**National Association of Insurance Commissioners  
Services and Support Offices  
2301 McGee Street, Suite 800  
Kansas City, MO 64108-2662**